

POSITION	INITIALS	ID NO.	DATE
	<i>MD</i>	59158	10/7/98
FEE DETERMINATION	<i>MD</i>		7/30/98
O.I.P.E. CLASSIFIER		10	8-4-98
FORMALITY REVIEW	<i>KS</i>	7/1/02	8-27

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 0 Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/3/00
2	✓	✓	4/18/01
3	✓	✓	4/1/02
4	✓	✓	9/28/02
5	✓	✓	4/18/03
6	✓	✓	9/3/03
7	✓	✓	3/10/04
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
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27	✓	✓	
28	✓	✓	
29	✓	✓	
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31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
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39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	4/15/01
52	✓	✓	4/1/02
53	✓	✓	9/28/02
54	✓	✓	4/18/03
55	✓	✓	9/3/03
56	✓	✓	3/10/04
57	✓	✓	
58	✓	✓	
59	✓	✓	
60	✓	✓	
61	✓	✓	
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96	✓	✓	
97	✓	✓	
98	✓	✓	
99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
110	✓	✓	
112	✓	✓	
113	✓	✓	
114	✓	✓	
115	✓	✓	
116	✓	✓	
117	✓	✓	
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126	✓	✓	
127	✓	✓	
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137	✓	✓	
138	✓	✓	
139	✓	✓	
140	✓	✓	
141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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